



**MIKE DeWINE**  
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
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## NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit this copy of this form either by mail, fax or email.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly appointed in your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all attached pages, and attach a letter explaining the requested change.

|  |  |  |   |
|--|--|--|---|
| <b>OFFICER INFORMATION</b>   |  | 1. Name (last) (First) (Middle)<br>Suleman Soohwiler | 2. Social Security Number<br>[REDACTED]   |
| 3. Previous Name(s) or Alias (Last) (First) (Middle)<br>[REDACTED]   |  |  |   |
| 4. Birth date (mm/dd/yyyy)<br>06/21/1992   | 5. Current Address (Street) (City) (County) (Zip Code) (County Name)<br>[REDACTED] |  | 6. Home Address (Street) (City) (County) (Zip Code) (County Name)<br>[REDACTED] |
| 7. Home Mailing Address (Street/PO Box) (City) (County) (Zip Code) (County Name)<br>[REDACTED]   |  |  |   |
| 8. Training Academy (Name) (Address) (City) (County) (Zip Code) (County Name)<br>(If any complete if this is the officer's first appointment to OPR) Cuyahoga Community College BAS 12-085 09/16/12-US/25/13 |  |  |   |

|   |  |  |   |
|---|--|--|---|
| <b>AGENCY INFORMATION</b>                           |  | 9. Agency Name<br>Amsterdam Village Police   | 10. Agency Phone Number<br>740-543-3797 |
| 11. Agency Email Address<br>AmsterdamPD24@yahoo.com |  | 12. Agency Mailing Address (Street/PO Box) (City) (County) (Zip Code) (County Name)<br>103 Springfield St. PO Box 115 Amsterdam Oh 43903 |   |

|   |  |  |                                |
|---|--|--|--------------------------------|
| <b>APPOINTMENT INFORMATION</b> (Complete Date, Status and OPR)  |  | 13. New Appointment Date<br>12/26/16     | 14. Status Change Date<br>/ /  |
| 15. Select New Status<br>Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> <input checked="" type="checkbox"/> Special <input type="checkbox"/> Seasonal <input type="checkbox"/> |  |  |                                |
| 16. Select New OPR  |  |  |                                |
| City Full Time/Part Time (737.02)   |  | City Auxiliary/Reserve/Special (737.051) | City Chief (737.07)            |
| Village Full Time/Part Time/Special (737.10)  |  | Village Auxiliary/Reserve (737.161)      | Village Chief (737.15)         |
| Township Police Officer (506.49)  |  | Township Constable (509.01)              | Other Chief - List OPR/Charter |
| Other - List OPR/Charter  |  | Deputy Sheriff (311.04)                  | Sheriff (311.01)               |

|   |  |  |  |
|---|--|--|--|
| <b>ATTESTATION OF REPORTING AUTHORITY</b>           |  | I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation. |  |
| 17. Signature of Reporting Authority<br>[Signature] | 18. Printed Name and Title<br>David F. Cimperman Jr. Chief of Police | 19. Date<br>12/26/16   |  |
| 20. Signature of Witness<br>[Signature]             | 21. Printed Name of First Witness (Last)<br>Larry A. Bell, patrolman | 22. Date<br>12/26/16   |  |

(Last)

(First)

(Middle)

Social Security Number

Suleman

Soohaur

## 23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

*[Signature: Jonathan Suleman]*  
Signature of Applicant

*[Signature: Gary Poppehling]*  
Signature of Approving Authority

Gary Poppehling

Name of Approving Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Approving Authority (Typed or Printed Legibly)

## OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County)

East Cleveland Police Dept

25. From (mm/dd/yyyy)

12/16/13

To (mm/dd/yyyy)

01/01/2016

26. Appointment Status (Check Appropriate Box)

☐ Full-Time☒ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

27. Appointed By (Agency Name and County)

28. From (mm/dd/yyyy)

To (mm/dd/yyyy)

29. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

30. Appointed By (Agency Name and County)

31. From (mm/dd/yyyy)

To (mm/dd/yyyy)

32. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

33. Appointed By (Agency Name and County)

34. From (mm/dd/yyyy)

To (mm/dd/yyyy)

35. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

36. Appointed By (Agency Name and County)

37. From (mm/dd/yyyy)

To (mm/dd/yyyy)

38. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal

39. Appointed By (Agency Name and County)

40. From (mm/dd/yyyy)

To (mm/dd/yyyy)

41. Appointment Status (Check Appropriate Box)

☐ Full-Time☐ Part-Time☐ Auxiliary☐ Reserve☐ Special☐ Seasonal